

CLAIMS ONLY						Application Number 10/668215	Filing Date		
						Applicant(s)			
						* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	
	Indep	Depend	Indep	Depend	Indep	Depend			
1	/					51			
2		/				52			
3		/				53			
4		/				54			
5		/				55			
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7		/				57			
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43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
Total Indep	5					Total Indep			
Total Depend	12	←	←	←		Total Depend	←	←	
Total Claims	17					Total Claims			